

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157592		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/13/2012	
NAME OF PROVIDER OR SUPPLIER LMR INDIANA HOME CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7101 BROADWAY STE 1 MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G0000	<p>This was a federal home health recertification survey. This was an extended survey.</p> <p>Survey dates: 12/10/12 - 12/13/12</p> <p>Facility: 011123</p> <p>Medicaid #: 200857640</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Skilled unduplicated census: 160 patients</p> <p>LMR is precluded from providing its own home health aide training and/or competency evaluation program for a period of two (2) years beginning 12/19/12 to 12/19/14 due to being found out of compliance with the Conditions of Participation 42 CFR 484.30 Skilled Nursing Services.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN</p> <p>December 19, 2012</p>			G0000	LMR Indiana Home Health, INC. will sub-contract independent firm to conduct Aide training and competency evaluation		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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G0121	<p>484.12(c) COMPLIANCE W/ ACCEPTED PROFESSIONAL STD The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.</p> <p>Based on agency document review, home visit observation, interview, clinical record review, and policy and procedure review, the agency failed to ensure all employees followed agency policies related to infection control for 2 of 6 (patient #1 and #4) home visit observations, an infection control log was implemented and maintained, and patients were entered on the infection control log when they acquired an infection as required by agency policy in 5 of 12 records reviewed (#1, 4, 5, 6, and 12) resulting in the potential to spread infectious diseases to other patients, family, and staff.</p> <p>Findings</p> <p>Regarding infection control policies</p> <p>1. On 12/11/12 at 10 AM, Employee F, home health aide (HHA) date of hire (DOH) 12/7/06, was observed to empty patient #1's Foley bag with approximately 1500 milliliters of urine into the toilet. While emptying the urine</p>		G0121	<p>The Administrator has inserviced staff about Infection Control/Policies & Handwashing Technique. All (communicable disease or infections) will be entered/reported into a infection control log. The agency policy titled " Standard Precaution & Universal Precautions " will be reviewed by all Nursing Staff. The administrator reviewed the Policy see Exhibit A,B,C,D , A.Infection Control Policy B.Handwashing Technique C.Standard Precaution & Universal Precautions D.Infection Control Log The Director of Home Health care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. For policy Exhibit A,B,C,D, The Administrator has inserviced Staff 1-2-2013 Quality Assurance Nurse will audit reports of Infections entered in Infection Control Log and ensure all cases of infection will be recorded in Infection Control Log as well as antibiotics. Quality Assurance will establish continous data monitoring and collecting system to detect infections. The Director of Home Health care services will be</p>		01/02/2013	

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	<p>into the toilet, the exit valve of the Foley bag touched the rim of the toilet two times. After changing gloves, the aide was observed to don new gloves and not wash her hands.</p> <p>On 12/11/12 at 4 PM, the director of nursing indicated home health aide should prevent the Foley bag exit valve from touching the toilet rim and should wash hands after removing dirty gloves and donning clean gloves.</p> <p>2. On 12/12/12 at 11:10 AM, Employee E, Registered Nurse (RN) DOH 10/3/07, was observed to perform wound care on patient #4's lower legs and left foot. Employee E was observed to dip the telfa dressing into a silvadene cream container and then applied this cream and the dressing onto the patient's wounds.</p> <p>a. On 12/13/12 at 10:30 AM, the director of nursing and Employee E indicated the nurse should not apply medication cream to a wound by dipping the dressing into the medicated cream jar and then applying the same dressing to the wound.</p> <p>b. The agency document titled "Job description: Home Health Nurse (Registered Nurse)" states, "Responsibilities ... Implementation ...</p>				responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.		

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	<p>Provides direct patient care with clinical competence according to the plan of treatment, nursing care plan and established standards."</p> <p>3. The agency policy titled "Standard Precautions / Universal Precautions" with a review date of 8/6/12 stated, "Wash hands after removing gloves ... "</p> <p>4. The agency procedure titled "Infection Control" with a review date of 8/6/12 stated, "Infection control standards are precautionary measures to protect office staff, patients / clients and caregivers (all persons providing patient care) from acquiring communicable diseases or infection and to prevent transmission or cross infection. 1. Wash hands ... after removing gloves."</p> <p>Regarding the infection control log</p> <p>5. Review of agency documents failed to evidence an infection control log.</p> <p>6. Clinical record #1, start of care (5/3/12) included a plan of care for the certification period of 10/30/12 - 12/28/12 and nursing documentation of hospitalization for treatment of a urinary tract infection. Employee B, Registered Nurse, completed a transfer assessment</p>						

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	<p>on 11/22/12, a resumption of care assessment on 11/28/12, and a skilled nurse visit note on 11/28/12 which evidenced the patient had been treated for a urinary tract infection with the antibiotic Cipro. This antibiotic and infection were not logged in an infection control log.</p> <p>7. Clinical record #4, SOC 5/22/12 included a plan of care for the certification period of 11/18/12 - 1/16/2013 that included a medication profile updated on 10/10/12 and 11/18/12 with an order for silvadene cream to be applied to the affected areas (bilateral lower extremities). The cream was to be covered with non-stick pads and kerlix and secured in place with tape. This dressing change was to be completed every day after cleaning with 0.9 normal saline with a start date of 10/10/12. This infection was not logged in an infection control log.</p> <p>8. Clinical record #5, SOC 11/9/12, included a plan of care for the certification period of 11/9/12 - 1/7/12 that included a medication profile updated on 11/22/12 with orders for Amoxicillin 500 mg (milligrams) three times a day with a start date of 11/22/12 and stop date of 11/29/12. This infection was not logged in an infection control log.</p>						

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	<p>9. Clinical record #6, SOC 10/24/12, included a plan of care for the certification period of 10/24/12 - 12/22/12 with an order for silver sulfadiazine cream 1 % to be applied to excoriation on RUQ (right upper quadrant) after cleansing with with hydrogen peroxide and to leave open to air. There was no documentation in an infection log regarding this infection.</p> <p>10. Clinical record #12, SOC 9/7/12, included a plan of care for the certification period of 9/7/12 - 11/5/12 that evidenced a physician's verbal order for Cephalaxin 500 mg four times a day for 10 days on 10/18/12. This infection was not logged in an infection control log.</p> <p>11. On 11/12/12 at 3 PM, the director of nursing indicated no infection log had been developed or used.</p> <p>12. The agency policy titled "Infection control " with a review date of 8/6/12 stated, "Agency will establish a continuous data monitoring and collecting system to detect infections ... An infection control log will be maintained."</p> <p>13. The agency policy titled "Infection Control Program" with a review date of 8/6/12 stated, "The agency's infection control program is designed to lower risks</p>						

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	and decrease the rates of employee and patient organization - acquired infections ... identification: surveillance data is used to identify problems or undesirable trends. Undesirable trends will lead to further investigation to determine whether the infection is organization acquired ... a system for antibiotic review."						

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G0143	<p>484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. Based on interview, policy review, and clinical record review, the agency failed to ensure coordination of care occurred with other entities providing services for 3 of 3 (clinical record #1 and #6 and #7) records reviewed of patients receiving services from other entities with the potential to affect all patients with the potential to affect all patients receiving services from another entity.</p> <p>Findings</p> <p>1. The agency policy titled "Coordination of Patient services" with a review date of 8/6/12 stated, "All personnel furnishing services shall maintain a liaison to assure their efforts are coordinated effectively and support the objectives outlined in the Plan of care."</p> <p>2. Clinical record #1, start of care (SOC) 5/3/12, failed to evidence coordination of care with any other agency or service for homemaking.</p> <p>a. On 12/11/12 at 10:05 AM, patient #1 indicated homemaker services were provided by another agency.</p>		G0143	<p>The Director of Nursing has inserviced Nursing Staff 01/02/2012, regarding Coordination of Patient care to maintain a liason to assure their efforts are coordinated effectively and support the objectives outlined in the Plan of Care see Exhibit E Coordination of Patient Services.Documenting each interaction Director of Nursing also inservice use of case conference, in order to document coordination of care.The Director of Home Health care services will be responsible for monitoring these corective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013	

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	<p>b. On 12/11/12 at 3:55 PM, the director of nursing indicated there was no medical purpose for the homemaker services.</p> <p>3. Clinical record #6 failed to evidence any communication or other information regarding another home agency providing home health aide or homemaker service.</p> <p>a. On 12/12/12 at 1:45 PM, the caregiver of patient #6 indicated receiving aide and homemaker services from another home health agency.</p> <p>b. On 12/13/12 at 11:05 AM, the director of nursing indicated patient #6 was receiving services from another agency and it was not documented.</p> <p>4. Clinical record #7, start of care 9/10/12, evidenced the patient had chronic kidney disease and a right arm arteriovenous (AV) fistula (surgical connection between the arterial and venous blood supply for hemodialysis) through which the patient received hemodialysis. There record failed to evidence the skilled nurse communicated with the dialysis facility.</p> <p>On 12/11/12 at 2:30 PM, the director of nursing indicated the patient's record</p>						

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	did not indicate the skilled nurse had communicated with the dialysis clinic about the patient's care.						

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G0144	<p>484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. Based on interview, policy review, and clinical record review, the agency failed to ensure coordination of care occurred with other entities providing services for 3 of 3 (clinical record #1 and #6 and #7) records reviewed of patients receiving services from other entities with the potential to affect all patients with the potential to affect all patients receiving services from another entity.</p> <p>Findings</p> <p>1. The agency policy titled "Coordination of Patient services" with a review date of 8/6/12 stated, "All personnel furnishing services shall maintain a liaison to assure their efforts are coordinated effectively and support the objectives outlined in the Plan of care."</p> <p>2. Clinical record #1, start of care (SOC) 5/3/12, failed to evidence coordination of care with any other agency or service for homemaking.</p> <p>a. On 12/11/12 at 10:05 AM, patient #1 indicated homemaker services were provided by another agency.</p>		G0144	<p>The Director of Nursing will inservice all Skilled Nurses on 01/02/2013 to document for patients receiving homemaker services from another agency and notify agency. The Director of Home Health care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. Director of Nursing Staff has inserviced Nursing staff, Skilled Nurses will communicate with the dialysis facility about the patient care. We will review the policy titled " Coordination of Patient Services " are coordinated with other facility and documented properly in patients chart weekly. Director of Nursing also inservice the staff on case conference in order to document coordination of care. The Director of Home Health Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected.</p>		01/02/2013	

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	<p>b. On 12/11/12 at 3:55 PM, the director of nursing indicated there was no medical purpose for the homemaker services.</p> <p>3. Clinical record #6 failed to evidence any communication or other information regarding another home agency providing home health aide or homemaker service.</p> <p>a. On 12/12/12 at 1:45 PM, the caregiver of patient #6 indicated receiving aide and homemaker services from another home health agency.</p> <p>b. On 12/13/12 at 11:05 AM, the director of nursing indicated patient #6 was receiving services from another agency and it was not documented.</p> <p>4. Clinical record #7, start of care 9/10/12, evidenced the patient had chronic kidney disease and a right arm arteriovenous (AV) fistula (surgical connection between the arterial and venous blood supply for hemodialysis) through which the patient received hemodialysis. There record failed to evidence the skilled nurse communicated with the dialysis facility.</p> <p>On 12/11/12 at 2:30 PM, the director of nursing indicated the patient's record</p>						

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G0158	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. Based on clinical record review, personnel file review, and interview, the agency failed to ensure treatments were provided as ordered on the plan of care for 2 of 12 records reviewed (#2 and 4) with the potential to affect all patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #2, SOC 9/28/12, included a plan of care for the certification period of 9/28/12 - 11/26/12 that failed to evidence orders for oxygen saturation monitoring that was documented at skilled nurse visits.</p> <p>a. A start of care initial assessment visit on 9/28/12 and signed by Employee B, Registered Nurse (RN), stated, "Oxygen saturation 96 % ra [room air].</p> <p>b. A nurse visit with a date of 10/2/12 and signed by Employee B stated, "Oxygen saturation 96%."</p> <p>c. On 12/12/12 at 3:30 PM, the director of nursing indicated the plan of</p>		G0158	<p>Director of Nursing has inservice nursing staff 01/02/2013, for proper documentation that all plan of treatment is included in plan of care. And plan of care will be followed and implemented and evaluate patient services based upon Physician plan of treatment. Nursing Staff were inserviced on proper documentation of wound care and the use of Nurses progress notes. Director of Home Health Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. The Director of Nursing has inserviced Nursing staff on Principal function of Registered Nurses, provides Nursing care to assigned patients utilizing the Nursing process to assess, plan, implement and evaluate patient services based upon a physician plan of treatment. Responsibilities - Implementation provides direct patient care with clinical competence. All Nursing care provided should be documented with date and time according to the plan of treatment and monitors patient status and progress toward planned Administer medications and</p>		01/02/2013	

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	<p>care lacked orders for the oxygen saturation rate to be monitored at skilled nurse visits.</p> <p>2. Clinical record #4, start of care 5/22/12 included a plan of care for the certification period of 11/18/12 - 1/16/2013, with an order for silvadene cream to be applied to bilateral lower extremities, the area to be covered with non-stick pads and kerlix, and secured in place with tape. The dressing change was to be completed every day with the wound being cleaned with 0.9% normal saline prior to application of the new dressing. The dressing changes were to start 10/10/12.</p> <p>a. A clinical record document titled "Skilled Nursing Visit Note" with signature of Employee E, dated 12/5/12 at 9:30 (lacked the specification if this time was A.M. or P.M.) failed to include any documentation that wound care was completed or the wound was assessed or measured.</p> <p>b. On 12/13/12 at 10:30 AM, the director of nursing indicated the wound care was not completed on this visit note.</p> <p>c. Personnel file E, date of hire 10/30/07, evidenced a job description for Home Health Nurse: Registered Nurse</p>		treatments are prescribed by patient Physician.				

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OMB NO. 0938-0391

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	<p>with the signature of Employee E on 12/30/07. This job description stated, "Principal function: provides nursing care to assigned patients utilizing the Nursing process to assess, plan, implement and evaluate patient services based upon a physician's plan of treatment ... Responsibilities ... Implementation ... provides direct patient care with clinical competence according to the plan of treatment, nursing care plan and established standards ... observes and monitors patient's status and progress toward planned outcomes ... administers medications and treatments as prescribed by the patient's physician or podiatrist."</p>						

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G0159	<p>484.18(a) PLAN OF CARE</p> <p>The plan of care developed in consultation with the agency staff covers all pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for timely discharge or referral, and any other appropriate items.</p> <p>Based on clinical record review, observation, interview, and policy review, the agency failed the plan of care contained all medications, equipment, surgical procedures, and all services the patient received for 2 of 9 active records (Clinical record #1 and #7) reviewed creating the potential to affect all of the agency's patients.</p> <p>Findings</p> <p>1. Clinical record #1, Start of care (SOC) 5/3/12, included a plan of care for the certification period of 10/30/12 - 12/28/12 that failed to evidence the patient had an oxygen concentrator as needed for use for shortness of breath.</p> <p>a. On 12/11/12 at 10 AM, patient #1 was observed to have an oxygen concentrator in the home.</p>	G0159	<p>The Director of Home Health care services has inserviced 01/02/2012 staff regarding policy review and Plan of care developed in consultation with the agency staff covers all pertinent diagnosis, including mental status, types of services and equipment required, frequency of visits, prognosis rehab potential, functional limitations, activities permitted nutritional requirements, medications and treatments any safety measures to protect injury, instructions for timely discharge or referral, and any other appropriate items to include oxygen concentration and surgical procedures, and all services patient received. Staff Nurses were inserviced on completion of Plan of care. All staff were inserviced on corrective actions, and disciplinary actions that will be initiated in case of non-compliance. The Director of Nursing will also be responsible for monitoring these corrective</p>	01/02/2013			

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	<p>b. On 12/11/12 at 10:05 AM, patient #1 indicated using oxygen when it was warm outside or cold outside or if needed for shortness of breath.</p> <p>c. On 12/11/12 at 3:30 PM, the director of nursing indicated the oxygen use was not on the plan of care.</p> <p>2. Clinical record #7, start of care 9/10/12, included a plan of care for the certification period of 9/10/12 - 11/8/12 that failed to evidence the patient had an arteriovenous (AV) fistula in the right arm and received hemodialysis 3 days a week.</p> <p>A. A clinical record document titled "Inpatient Consult to Case Management" with a date of 9/26/12 from a local hospital stated, "Renal dialysis status right upper arm AV fistula."</p> <p>B. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week. The plan of care did not address the AV fistula or the hemodialysis care the patient received three times a week.</p> <p>3. The agency policy titled "Plan of treatment" with a review date of 8/6/12 stated, "A plan of treatment is developed</p>			<p>actions to ensure that this deficiency is corrected and will not recur. The Director of Nursing has inserviced Nursing staff for initial assessments and to complete initial assessments within 48 hours of referral. The Director of Home Health Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>			

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	for each patient admitted to the home health program in consultation with the referring physician ... The plan of treatment ... includes the following information ... surgical procedures ... medical supplies and DME [durable medical equipment] ordered, and those available to patient, significant clinical findings."						

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G0168	<p>484.30 SKILLED NURSING SERVICES</p> <p>Based on clinical record review, personnel file review, policy review, and interview, it was determined the agency failed to ensure the registered nurse provided treatments as ordered on the plan of care for 2 of 12 records reviewed with the potential to affect all patients of the agency receiving skilled nurse services (See G 170), failed to ensure the registered nurse accurately assessed the patient's arteriovenous fistula history during the initial assessment and completed the initial assessment within 48 hours of referral for 2 of 12 records reviewed with the potential to affect all patients of the agency (See G 171), failed to ensure the registered nurse followed infection control techniques for wound care for 1 of 2 wound care observations with a skilled nurse with the potential to affect all patients receiving wound care from employee E (See G 174), and failed to ensure the registered nurse coordinated care with other entities providing services for 3 of 3 (clinical record #1 and #6 and #7) records reviewed of patients receiving services from other entities with the potential to affect all patients with the potential to affect all patients receiving services from another entity (See G 176).</p>			G0168	<p>The Director of Nursing has inserviced Nursing Staff for initial assessments and to completed initial assessments within 48 hours of referral. The Director of Nursing will also be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur. Inservice has been made by Director of Nursing, all staff will review policy of Infection control techniques for wound care and ensure Registered Nurse coordinated care with other entities providing services. Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiency in corrected and will not recur.</p>		01/02/2013

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	The cumulative effect of these systemic problems resulted in the agency's inability to be in compliance with the condition 42 CFR 484.30 Skilled Nursing Services.						

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G0170	<p>484.30 SKILLED NURSING SERVICES The HHA furnishes skilled nursing services in accordance with the plan of care. Based on clinical record review, personnel file review, and interview, the agency failed to ensure the registered nurse provided treatments as ordered on the plan of care for 2 of 12 records reviewed (#2 and 4) with the potential to affect all patients of the agency receiving skilled nurse services.</p> <p>Findings</p> <p>1. Clinical record #2, SOC 9/28/12, included a plan of care for the certification period of 9/28/12 - 11/26/12 that failed to evidence orders for oxygen saturation monitoring that was documented at skilled nurse visits.</p> <p>a. A start of care initial assessment visit on 9/28/12 and signed by Employee B, Registered Nurse (RN), stated, "Oxygen saturation 96 % ra [room air].</p> <p>b. A nurse visit with a date of 10/2/12 and signed by Employee B stated, "Oxygen saturation 96%."</p> <p>c. On 12/12/12 at 3:30 PM, the director of nursing indicated the plan of care lacked orders for the oxygen saturation rate to be monitored at skilled</p>			G0170	<p>Director of Nursing has inserviced all Skilled Nurses 01/02/2013 to review policy " Plan of Care " as stated on G0159 (Page 6 of 22) Staff Nurses were inserviced and had a 1:1 training on completion of Plan of Care. The Director of Nursing has inserviced staff 01/03/2012 to provide orders in Plan of Care and should document wound care done on a visit note with proper documentation of time AM or PM to indicate the wound care was completed. Quality Assurance - Nurse will be responsible for auditing clinical records 10% quarterly.</p>		01/02/2013

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	<p>nurse visits.</p> <p>2. Clinical record #4, start of care 5/22/12 included a plan of care for the certification period of 11/18/12 - 1/16/2013, with an order for silvadene cream to be applied to bilateral lower extremities, the area to be covered with non-stick pads and kerlix, and secured in place with tape. The dressing change was to be completed every day with the wound being cleaned with 0.9% normal saline prior to application of the new dressing. The dressing changes were to start 10/10/12.</p> <p>a. A clinical record document titled "Skilled Nursing Visit Note" with signature of Employee E, dated 12/5/12 at 9:30 (lacked the specification if this time was A.M. or P.M.) failed to include any documentation that wound care was completed or the wound was assessed or measured.</p> <p>b. On 12/13/12 at 10:30 AM, the director of nursing indicated the wound care was not completed on this visit note.</p> <p>c. Personnel file E, date of hire 10/30/07, evidenced a job description for Home Health Nurse: Registered Nurse with the signature of Employee E on 12/30/07. This job description stated,</p>						

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	<p>"Principal function: provides nursing care to assigned patients utilizing the Nursing process to assess, plan, implement and evaluate patient services based upon a physician's plan of treatment ... Responsibilities ... Implementation ... provides direct patient care with clinical competence according to the plan of treatment, nursing care plan and established standards ... observes and monitors patient's status and progress toward planned outcomes ... administers medications and treatments as prescribed by the patient's physician or podiatrist."</p>						

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G0171	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse makes the initial evaluation visit.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse accurately assessed the patient's arteriovenous fistula history during the initial assessment and completed the initial assessment within 48 hours of referral for 2 of 12 records reviewed (patient #7 and 9) with the potential to affect all patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #7, start of care 9/10/12, evidenced the patient had a diagnosis of diabetes mellitus type 2 and end stage renal disease. The patient's initial assessment failed to document the patient had a AV (arteriovenous) fistula in the right arm and a past history of AV fistula in the left arm.</p> <p>a. A clinical record document titled "Patient # 7 Southlake" stated, "Emergency room admit date 9/24/12 and discharge date 9/26/12 ... past surgical history ... dialysis fistula creation multiple last one 5/24/10 history both arms last one right upper arm."</p>		G0171	<p>The Administrator has reviewed the policy 01/02/2013 on the duties of the Registered Nurse and checked proficiencies for properly assessing patients accurately and completing initial assessment with in 48 hours of referral. Staff have been inserviced that the initial Nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral. See Exhibit F titled " ADMISSION "Quality Assurance - Nurse will be responsible for monthly record review for accurate initial assessment and completed within 48 hours of receiving referral.</p>		01/02/2013	

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	<p>b. On 12/11/12 at 2:30 PM, Employee B, the director of nursing, indicated the initial assessment had not included the AV fistula history.</p> <p>c. The agency policy titled "Admission" with a review date of 8/6/12 stated, "The initial visit will be made a Registered Nurse who will make a nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral."</p> <p>2. Clinical record #9, Start of care 4/20/12, evidenced a referral on 4/17/12 with an initial and comprehensive assessment on 4/20/12.</p> <p>a. The agency policy titled "Admission" with a review date of 8/6/12 stated, "The initial visit will be made by a Registered Nurse who will make a nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral."</p> <p>b. On 12/13/12 at 3:38 PM, the director of nursing indicated the initial assessment was not completed within 48 hours.</p>						

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G0174	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse furnishes those services requiring substantial and specialized nursing skill.</p> <p>Based on observation, interview, clinical record review, and procedure review, the agency failed to ensure the registered nurse followed infection control techniques for wound care for 1 of 2 (patient #4) wound care observations with a skilled nurse with the potential to affect all patients receiving wound care from employee E.</p> <p>Findings</p> <p>1. Clinical record #4, start of care 5/22/12 included a plan of care for the certification period of 11/18/12 - 1/16/2013, with an order for silvadene cream to be applied to bilateral lower extremities, the area to be covered with non-stick pads and kerlix, and secured in place with tape. The dressing change was to be completed every day with the wound being cleaned with 0.9 normal saline prior to application of the new dressing. The dressing changes were to start 10/10/12.</p> <p>2. On 12/12/12 at 11:10 AM, Employee E, Registered Nurse (RN), was observed to perform wound care on patient #4's</p>		G0174	<p>The Administrator inserviced all staff for Infection control See Exhibit A. Any infection will be entered in infection log book for proper monitoring of communicable disease or infection. Includes type of surveillance, type of infection, identify source of infection, data infection obtained and follow-up action. Director of Nursing will be responsible for monitoring to ensure that the deficiency is corrected and will not recur.</p>		01/02/2013	

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	<p>lower legs and left foot. Employee E was observed to dip the telfa dressing into a silvadene cream container and then apply this cream and the dressing to the patient's wounds.</p> <p>3. On 12/13/12 at 10:30 AM, the director of nursing and Employee E indicated the nurse should not apply medication cream to a wound by dipping the dressing into the medicated cream jar and then applying the same dressing to the wound.</p> <p>4. The agency procedure titled "Infection Control" with a review date of 8/6/12 stated, "Infection control standards are precautionary measures to protect office staff, patients / clients and caregivers (all persons providing patient care) from acquiring communicable diseases or infection and to prevent transmission or cross infection."</p>						

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G0176	<p>484.30(a) DUTIES OF THE REGISTERED NURSE The registered nurse prepares clinical and progress notes, coordinates services, informs the physician and other personnel of changes in the patient's condition and needs.</p> <p>Based on interview, policy review, and clinical record review, the agency failed to ensure the registered nurse coordinated care with other entities providing services for 3 of 3 (clinical record #1 and #6 and #7) records reviewed of patients receiving services from other entities with the potential to affect all patients with the potential to affect all patients receiving services from another entity.</p> <p>Findings</p> <p>1. The agency policy titled "Coordination of Patient services" with a review date of 8/6/12 stated, "All personnel furnishing services shall maintain a liaison to assure their efforts are coordinated effectively and support the objectives outlined in the Plan of care."</p> <p>2. Clinical record #1, start of care (SOC) 5/3/12, failed to evidence coordination of care with any other agency or service for homemaking.</p> <p>a. On 12/11/12 at 10:05 AM, patient #1 indicated homemaker services were</p>			G0176	<p>Director of Nursing has inserviced all staff titled " Coordination of Patient Services " See Exhibit EAll personnel furnishing services shall monitor a liaison to assure their efforts are coordinated effectively and support the objective outline in plan of care.The Director of Nursing and Qulaity Assurance Nurse - will monitor compliance to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013

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	<p>provided by another agency.</p> <p>b. On 12/11/12 at 3:55 PM, the director of nursing indicated there was no medical purpose for the homemaker services.</p> <p>3. Clinical record #6 failed to evidence any communication or other information regarding another home agency providing home health aide or homemaker service.</p> <p>a. On 12/12/12 at 1:45 PM, the caregiver of patient #6 indicated receiving aide and homemaker services from another home health agency.</p> <p>b. On 12/13/12 at 11:05 AM, the director of nursing indicated patient #6 was receiving services from another agency and it was not documented.</p> <p>4. Clinical record #7, start of care 9/10/12, evidenced the patient had chronic kidney disease and a right arm arteriovenous (AV) fistula (surgical connection between the arterial and venous blood supply for hemodialysis) through which the patient received hemodialysis. There record failed to evidence the skilled nurse communicated with the dialysis facility.</p> <p>On 12/11/12 at 2:30 PM, the director</p>						

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	of nursing indicated the patient's record did not indicate the skilled nurse had communicated with the dialysis clinic about the patient's care.						

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G0224	<p>484.36(c)(1) ASSIGNMENT & DUTIES OF HOME HEALTH AIDE Written patient care instructions for the home health aide must be prepared by the registered nurse or other appropriate professional who is responsible for the supervision of the home health aide under paragraph (d) of this section.</p> <p>Based on home visit observation and interview, the agency failed to ensure the home health aide had written patient care instructions for 1 of 4 home visit observations of patients with home health aide services (Clinical record #5) with the potential to affect all patients with home health aide services.</p> <p>Findings</p> <p>1. On 12/12/12 at 12 PM, patient #5's home folder evidenced no written patient care instructions for the home health aide.</p> <p>2. On 12/13/12 at 10:40 AM, Employee B, the director of nursing, indicated the home folder should have a written aide care plan.</p>			G0224	<p>The Director of Nursing inserviced all nurses 01/02/2013. Inserviced that all Home Health Aides have written patient instructions in patient home folder and check the assigned aide if they understand the assignment. Director will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013

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G0331	<p>484.55(a)(1) INITIAL ASSESSMENT VISIT A registered nurse must conduct an initial assessment visit to determine the immediate care and support needs of the patient; and, for Medicare patients, to determine eligibility for the Medicare home health benefit, including homebound status. Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse accurately assessed the patient's arteriovenous fistula history during the initial assessment for 1 of 12 records reviewed (patient #7) with the potential to affect all patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #7, start of care 9/10/12, evidenced the patient had a diagnosis of diabetes mellitus type 2 and end stage renal disease. The patient's initial assessment failed to document the patient had a AV (arteriovenous) fistula in the right arm and a past history of AV fistula in the left arm.</p> <p>2. A clinical record document titled "Patient # 7 Southlake" stated, "Emergency room admit date 9/24/12 and discharge date 9/26/12 ... past surgical history ... dialysis fistula creation multiple last one 5/24/10 history both arms last one right upper arm."</p>		G0331	<p>The Director of Nursing inserviced all nursing staff to completely and accurately assess patient during the initial assessment and properly documented in start of care form. See Exhibit F admission PolicyThe Initial assessment by Registered Nurse determine the immediate care and support needs of the patient and for Medicare patients to determine eligibility for the Medicare home health benefit including home bound status.The Director of Home Health care service will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013	

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	<p>3. On 12/11/12 at 2:30 PM, Employee B, the director of nursing, indicated the initial assessment had not included the AV fistula history.</p> <p>4. The agency policy titled "Admission" with a review date of 8/6/12 stated, "The initial visit will be made a Registered Nurse who will make a nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral."</p>						

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G0332	<p>484.55(a)(1) INITIAL ASSESSMENT VISIT The initial assessment visit must be held either within 48 hours of referral, or within 48 hours of the patient's return home, or on the physician-ordered start of care date. Based on clinical record and policy review and interview, the agency failed to ensure the initial evaluation was completed within 48 hours of the referral for home care or the physician ordered start of care by 1 of 12 records reviewed (#9).</p> <p>Findings</p> <p>1. Clinical record #9, Start of care 4/20/12, evidenced a referral on 4/17/12 with an initial and comprehensive assessment on 4/20/12.</p> <p>2. The agency policy titled "Admission" with a review date of 8/6/12 stated, "The initial visit will be made by a Registered Nurse who will make a nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral."</p> <p>3. On 12/13/12 at 3:38 PM, the director of nursing indicated the initial assessment was not completed within 48 hours.</p>		G0332	<p>All nursing staff were inserviced to complete nursing assessment of patient within 48 hours of referral for homecare for initial assessment recertification of care. The Initial visit will be made by registered Nurse who will make a nursing assessment of the patient and obtain their health and social history. The Director of home Health care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013	

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N0000	<p>This visit was for a state home health agency relicensure survey.</p> <p>Survey dates: 12/10/12 - 12/13/12</p> <p>Facility: 011123</p> <p>Medicaid #: 200857640</p> <p>Surveyor: Ingrid Miller, RN, PHNS</p> <p>Skilled unduplicated census: 160 patients</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN December 19, 2012</p>		N0000				

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N0470	<p>410 IAC 17-12-1(m) Home health agency administration/management Rule 12 Sec. 1(m) Policies and procedures shall be written and implemented for the control of communicable disease in compliance with applicable federal and state laws.</p> <p>Based on agency document review, home visit observation, interview, clinical record review, and policy and procedure review, the agency failed to ensure all employees followed agency policies related to infection control for 2 of 6 (patient #1 and #4) home visit observations, an infection control log was implemented and maintained, and patients were entered on the infection control log when they acquired an infection as required by agency policy in 5 of 12 records reviewed (#1, 4, 5, 6, and 12) resulting in the potential to spread infectious diseases to other patients, family, and staff.</p> <p>Findings</p> <p>Regarding infection control policies</p> <p>1. On 12/11/12 at 10 AM, Employee F, home health aide (HHA) date of hire (DOH) 12/7/06, was observed to empty patient #1's Foley bag with approximately 1500 milliliters of urine into the toilet. While emptying the urine</p>	N0470	<p>The Administrator has inserviced nursing staff for infection control handwashing technique, and reviewed policy" Standard Precautions Universal Precautions. on 1/02/2013.All infections will be entered/reported information and infection control log.See Exhibit A infection ControlSee Exhibit B HandwashingSee Exhibit C Standard Precautions and Universal PrecautionsAgency will establish a continue data monitoring and collecting system to detect infections, an infection control log will be maintained.The Director of Home Helath Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013		

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	<p>into the toilet, the exit valve of the Foley bag touched the rim of the toilet two times. After changing gloves, the aide was observed to don new gloves and not wash her hands.</p> <p>On 12/11/12 at 4 PM, the director of nursing indicated home health aide should prevent the Foley bag exit valve from touching the toilet rim and should wash hands after removing dirty gloves and donning clean gloves.</p> <p>2. On 12/12/12 at 11:10 AM, Employee E, Registered Nurse (RN) DOH 10/3/07, was observed to perform wound care on patient #4's lower legs and left foot. Employee E was observed to dip the telfa dressing into a silvadene cream container and then applied this cream and the dressing onto the patient's wounds.</p> <p>a. On 12/13/12 at 10:30 AM, the director of nursing and Employee E indicated the nurse should not apply medication cream to a wound by dipping the dressing into the medicated cream jar and then applying the same dressing to the wound.</p> <p>b. The agency document titled "Job description: Home Health Nurse (Registered Nurse)" states, "Responsibilities ... Implementation ...</p>						

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	<p>Provides direct patient care with clinical competence according to the plan of treatment, nursing care plan and established standards."</p> <p>3. The agency policy titled "Standard Precautions / Universal Precautions" with a review date of 8/6/12 stated, "Wash hands after removing gloves ... "</p> <p>4. The agency procedure titled "Infection Control" with a review date of 8/6/12 stated, "Infection control standards are precautionary measures to protect office staff, patients / clients and caregivers (all persons providing patient care) from acquiring communicable diseases or infection and to prevent transmission or cross infection. 1. Wash hands ... after removing gloves."</p> <p>Regarding the infection control log</p> <p>5. Review of agency documents failed to evidence an infection control log.</p> <p>6. Clinical record #1, start of care (5/3/12) included a plan of care for the certification period of 10/30/12 - 12/28/12 and nursing documentation of hospitalization for treatment of a urinary tract infection. Employee B, Registered Nurse, completed a transfer assessment</p>						

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	<p>on 11/22/12, a resumption of care assessment on 11/28/12, and a skilled nurse visit note on 11/28/12 which evidenced the patient had been treated for a urinary tract infection with the antibiotic Cipro. This antibiotic and infection were not logged in an infection control log.</p> <p>7. Clinical record #4, SOC 5/22/12 included a plan of care for the certification period of 11/18/12 - 1/16/2013 that included a medication profile updated on 10/10/12 and 11/18/12 with an order for silvadene cream to be applied to the affected areas (bilateral lower extremities). The cream was to be covered with non-stick pads and kerlix and secured in place with tape. This dressing change was to be completed every day after cleaning with 0.9 normal saline with a start date of 10/10/12. This infection was not logged in an infection control log.</p> <p>8. Clinical record #5, SOC 11/9/12, included a plan of care for the certification period of 11/9/12 - 1/7/12 that included a medication profile updated on 11/22/12 with orders for Amoxicillin 500 mg (milligrams) three times a day with a start date of 11/22/12 and stop date of 11/29/12. This infection was not logged in an infection control log.</p>						

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	<p>9. Clinical record #6, SOC 10/24/12, included a plan of care for the certification period of 10/24/12 - 12/22/12 with an order for silver sulfadiazine cream 1 % to be applied to excoriation on RUQ (right upper quadrant) after cleansing with with hydrogen peroxide and to leave open to air. There was no documentation in an infection log regarding this infection.</p> <p>10. Clinical record #12, SOC 9/7/12, included a plan of care for the certification period of 9/7/12 - 11/5/12 that evidenced a physician's verbal order for Cephalaxin 500 mg four times a day for 10 days on 10/18/12. This infection was not logged in an infection control log.</p> <p>11. On 11/12/12 at 3 PM, the director of nursing indicated no infection log had been developed or used.</p> <p>12. The agency policy titled "Infection control " with a review date of 8/6/12 stated, "Agency will establish a continuous data monitoring and collecting system to detect infections ... An infection control log will be maintained."</p> <p>13. The agency policy titled "Infection Control Program" with a review date of 8/6/12 stated, "The agency's infection control program is designed to lower risks</p>						

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	and decrease the rates of employee and patient organization - acquired infections ... identification: surveillance data is used to identify problems or undesirable trends. Undesirable trends will lead to further investigation to determine whether the infection is organization acquired ... a system for antibiotic review."						

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N0486	<p>410 IAC 17-12-2(h) Q A and performance improvement Rule 12 Sec. 2(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.</p> <p>Based on interview, policy review, and clinical record review, the agency failed to ensure coordination of care occurred with other entities providing services for 3 of 3 (clinical record #1 and #6 and #7) records reviewed of patients receiving services from other entities with the potential to affect all patients with the potential to affect all patients receiving services from another entity.</p> <p>Findings</p> <p>1. The agency policy titled "Coordination of Patient services" with a review date of 8/6/12 stated, "All personnel furnishing services shall maintain a liaison to assure their efforts are coordinated effectively and support the objectives outlined in the Plan of care."</p> <p>2. Clinical record #1, start of care (SOC) 5/3/12, failed to evidence coordination of care with any other agency or service for homemaking.</p> <p>a. On 12/11/12 at 10:05 AM, patient #1 indicated homemaker services were provided by another agency.</p>		N0486	<p>The Administrator has inserviced staff on 01/02/2013 on " Coordination of Patient services " See Exhibit E. Coordination of Patient ServicesInservice includes " all personnel furnishing services shall maintain a liaison to assure their efforts are coordinated effectively and support the adjective outlined in the plan of care.The administrator has inserviced the staff on 01/02/2013. Review and discuss the agency policy on Coordination of Care and other services. The importance of coordinating with all disciplines involved in the care and to all other agencies providing services.The chart audit tool and admission check list were revised to include care coordiantion to other agencies providing care, and to all disciplines involved. The discipline were also reviewed to document coordination of care in their submitted visit notes. The Director of Nursing is responsible for monitoring these corrective actions to ensures to ensure that this deficiencies is corrected and will not recur.</p>		01/02/2013	

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	<p>b. On 12/11/12 at 3:55 PM, the director of nursing indicated there was no medical purpose for the homemaker services.</p> <p>3. Clinical record #6 failed to evidence any communication or other information regarding another home agency providing home health aide or homemaker service.</p> <p>a. On 12/12/12 at 1:45 PM, the caregiver of patient #6 indicated receiving aide and homemaker services from another home health agency.</p> <p>b. On 12/13/12 at 11:05 AM, the director of nursing indicated patient #6 was receiving services from another agency and it was not documented.</p> <p>4. Clinical record #7, start of care 9/10/12, evidenced the patient had chronic kidney disease and a right arm arteriovenous (AV) fistula (surgical connection between the arterial and venous blood supply for hemodialysis) through which the patient received hemodialysis. There record failed to evidence the skilled nurse communicated with the dialysis facility.</p> <p>On 12/11/12 at 2:30 PM, the director of nursing indicated the patient's record</p>						

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	did not indicate the skilled nurse had communicated with the dialysis clinic about the patient's care.						

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N0522	<p>410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: Based on clinical record review, personnel file review, and interview, the agency failed to ensure treatments were provided as ordered on the plan of care for 2 of 12 records reviewed (#2 and 4) with the potential to affect all patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #2, SOC 9/28/12, included a plan of care for the certification period of 9/28/12 - 11/26/12 that failed to evidence orders for oxygen saturation monitoring that was documented at skilled nurse visits.</p> <p>a. A start of care initial assessment visit on 9/28/12 and signed by Employee B, Registered Nurse (RN), stated, "Oxygen saturation 96 % ra [room air].</p> <p>b. A nurse visit with a date of 10/2/12 and signed by Employee B stated, "Oxygen saturation 96%."</p> <p>c. On 12/12/12 at 3:30 PM, the director of nursing indicated the plan of</p>		N0522	<p>The Director of Nursing has inservices all staff on 01/02/2013. Reviewed and discussed agency policy on following plan of care and treatment. Job description reviewed. All staff were inserviced and 1:1 training was given on Policy regarding Plan of Treatment. Also, Skilled Nurse job description was reviewed and all staff were inserviced on wound documentation and proper use of skilled nursing notes to document wound. The Director of Nursing will be responsible for monitoring these corrective actions to ensure that this deficiencies is corrected and will not recur.</p>		01/02/2013	

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	<p>care lacked orders for the oxygen saturation rate to be monitored at skilled nurse visits.</p> <p>2. Clinical record #4, start of care 5/22/12 included a plan of care for the certification period of 11/18/12 - 1/16/2013, with an order for silvadene cream to be applied to bilateral lower extremities, the area to be covered with non-stick pads and kerlix, and secured in place with tape. The dressing change was to be completed every day with the wound being cleaned with 0.9% normal saline prior to application of the new dressing. The dressing changes were to start 10/10/12.</p> <p>a. A clinical record document titled "Skilled Nursing Visit Note" with signature of Employee E, dated 12/5/12 at 9:30 (lacked the specification if this time was A.M. or P.M.) failed to include any documentation that wound care was completed or the wound was assessed or measured.</p> <p>b. On 12/13/12 at 10:30 AM, the director of nursing indicated the wound care was not completed on this visit note.</p> <p>c. Personnel file E, date of hire 10/30/07, evidenced a job description for Home Health Nurse: Registered Nurse</p>						

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	with the signature of Employee E on 12/30/07. This job description stated, "Principal function: provides nursing care to assigned patients utilizing the Nursing process to assess, plan, implement and evaluate patient services based upon a physician's plan of treatment ... Responsibilities ... Implementation ... provides direct patient care with clinical competence according to the plan of treatment, nursing care plan and established standards ... observes and monitors patient's status and progress toward planned outcomes ... administers medications and treatments as prescribed by the patient's physician or podiatrist."						

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N0524	<p>410 IAC 17-13-1(a)(1) Patient Care Rule 13 Sec. 1(a)(1) As follows, the medical plan of care shall:</p> <p>(A) Be developed in consultation with the home health agency staff. (B) Include all services to be provided if a skilled service is being provided. (B) Cover all pertinent diagnoses. (C) Include the following:</p> <p>(i) Mental status. (ii) Types of services and equipment required. (iii) Frequency and duration of visits. (iv) Prognosis. (v) Rehabilitation potential. (vi) Functional limitations. (vii) Activities permitted. (viii) Nutritional requirements. (ix) Medications and treatments. (x) Any safety measures to protect against injury. (xi) Instructions for timely discharge or referral. (xii) Therapy modalities specifying length of treatment. (xiii) Any other appropriate items.</p> <p>Based on clinical record review, observation, interview, and policy review, the agency failed the plan of care contained all medications, equipment, surgical procedures, and all services the patient received for 2 of 9 active records (Clinical record #1 and #7) reviewed creating the potential to affect all of the agency's patients.</p> <p>Findings</p>	N0524	<p>Director of Nursing has inserviced staff on 01/02/2013 on following: The medical plan of care and ensure that staff develops plan accurately and all pertinent diagnosis including mental status. Types of services and equipment frequency and duration of visits Prognosis, Rehab potential functional limitations, activities permitted nutritional requirements, safety measures to protect against injury. Instructions for discharge, therapy modalities and length of</p>		01/02/2013		

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	<p>1. Clinical record #1, Start of care (SOC) 5/3/12, included a plan of care for the certification period of 10/30/12 - 12/28/12 that failed to evidence the patient had an oxygen concentrator as needed for use for shortness of breath.</p> <p>a. On 12/11/12 at 10 AM, patient #1 was observed to have an oxygen concentrator in the home.</p> <p>b. On 12/11/12 at 10:05 AM, patient #1 indicated using oxygen when it was warm outside or cold outside or if needed for shortness of breath.</p> <p>c. On 12/11/12 at 3:30 PM, the director of nursing indicated the oxygen use was not on the plan of care.</p> <p>2. Clinical record #7, start of care 9/10/12, included a plan of care for the certification period of 9/10/12 - 11/8/12 that failed to evidence the patient had an arteriovenous (AV) fistula in the right arm and received hemodialysis 3 days a week.</p> <p>A. A clinical record document titled "Inpatient Consult to Case Management" with a date of 9/26/12 from a local hospital stated, "Renal dialysis status right upper arm AV fistula."</p>		treatment at any other appropriate items. The Director of Home Health care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.				

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	<p>B. On 8/24/12 at 3 PM, the director of nursing indicated the patient was on hemodialysis at a dialysis clinic three times a week. The plan of care did not address the AV fistula or the hemodialysis care the patient received three times a week.</p> <p>3. The agency policy titled "Plan of treatment" with a review date of 8/6/12 stated, "A plan of treatment is developed for each patient admitted to the home health program in consultation with the referring physician ... The plan of treatment ... includes the following information ... surgical procedures ... medical supplies and DME [durable medical equipment] ordered, and those available to patient, significant clinical findings."</p>						

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N0537	<p>410 IAC 17-14-1(a) Scope of Services Rule 1 Sec. 1(a) The home health agency shall provide nursing services by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows: Based on clinical record review, personnel file review, and interview, the agency failed to ensure the registered nurse provided treatments as ordered on the plan of care for 2 of 12 records reviewed (#2 and 4) with the potential to affect all patients of the agency receiving skilled nurse services.</p> <p>Findings</p> <p>1. Clinical record #2, SOC 9/28/12, included a plan of care for the certification period of 9/28/12 - 11/26/12 that failed to evidence orders for oxygen saturation monitoring that was documented at skilled nurse visits.</p> <p>a. A start of care initial assessment visit on 9/28/12 and signed by Employee B, Registered Nurse (RN), stated, "Oxygen saturation 96 % ra [room air].</p> <p>b. A nurse visit with a date of 10/2/12 and signed by Employee B stated, "Oxygen saturation 96%."</p> <p>c. On 12/12/12 at 3:30 PM, the</p>			N0537	<p>Administrator and Director of Nursing inserviced staff 01/02/13 , on scope of services and following plan of care and for proper documentation and plan of care will be followed and implemented and evaluate patient services based upon Physician plan of treatment. Director of Home Health care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013

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	<p>director of nursing indicated the plan of care lacked orders for the oxygen saturation rate to be monitored at skilled nurse visits.</p> <p>2. Clinical record #4, start of care 5/22/12 included a plan of care for the certification period of 11/18/12 - 1/16/2013, with an order for silvadene cream to be applied to bilateral lower extremities, the area to be covered with non-stick pads and kerlix, and secured in place with tape. The dressing change was to be completed every day with the wound being cleaned with 0.9% normal saline prior to application of the new dressing. The dressing changes were to start 10/10/12.</p> <p>a. A clinical record document titled "Skilled Nursing Visit Note" with signature of Employee E, dated 12/5/12 at 9:30 (lacked the specification if this time was A.M. or P.M.) failed to include any documentation that wound care was completed or the wound was assessed or measured.</p> <p>b. On 12/13/12 at 10:30 AM, the director of nursing indicated the wound care was not completed on this visit note.</p> <p>c. Personnel file E, date of hire 10/30/07, evidenced a job description for</p>						

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	<p>Home Health Nurse: Registered Nurse with the signature of Employee E on 12/30/07. This job description stated, "Principal function: provides nursing care to assigned patients utilizing the Nursing process to assess, plan, implement and evaluate patient services based upon a physician's plan of treatment ... Responsibilities ... Implementation ... provides direct patient care with clinical competence according to the plan of treatment, nursing care plan and established standards ... observes and monitors patient's status and progress toward planned outcomes ... administers medications and treatments as prescribed by the patient's physician or podiatrist."</p>						

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N0540	<p>410 IAC 17-14-1(a)(1)(A) Scope of Services Rule 14 Sec. 1(a) (1)(A) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (A) Make the initial evaluation visit.</p> <p>Based on clinical record review, interview, and policy review, the agency failed to ensure the registered nurse accurately assessed the patient's arteriovenous fistula history during the initial assessment and completed the initial assessment within 48 hours of referral for 2 of 12 records reviewed (patient #7 and 9) with the potential to affect all patients of the agency.</p> <p>Findings</p> <p>1. Clinical record #7, start of care 9/10/12, evidenced the patient had a diagnosis of diabetes mellitus type 2 and end stage renal disease. The patient's initial assessment failed to document the patient had a AV (arteriovenous) fistula in the right arm and a past history of AV fistula in the left arm.</p> <p>a. A clinical record document titled "Patient # 7 Southlake" stated, "Emergency room admit date 9/24/12 and discharge date 9/26/12 ... past surgical</p>		N0540	<p>The Director of Nursing inserviced staff on scope of inservices to properly document and assess patients upon initial assessment, Re-certification and Resumption of Care. The initial visit will be made by a Registered Nurse who will make a nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral. The Director of Home Health care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013	

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	<p>history ... dialysis fistula creation multiple last one 5/24/10 history both arms last one right upper arm."</p> <p>b. On 12/11/12 at 2:30 PM, Employee B, the director of nursing, indicated the initial assessment had not included the AV fistula history.</p> <p>c. The agency policy titled "Admission" with a review date of 8/6/12 stated, "The initial visit will be made a Registered Nurse who will make a nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral."</p> <p>2. Clinical record #9, Start of care 4/20/12, evidenced a referral on 4/17/12 with an initial and comprehensive assessment on 4/20/12.</p> <p>a. The agency policy titled "Admission" with a review date of 8/6/12 stated, "The initial visit will be made by a Registered Nurse who will make a nursing assessment of the patient and obtain their health and social history within 48 hours of receiving referral."</p> <p>b. On 12/13/12 at 3:38 PM, the director of nursing indicated the initial assessment was not completed within 48 hours.</p>						

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N0545	<p>410 IAC 17-14-1(a)(1)(F) Scope of Services Rule 14 Sec. 1(a) (1)(F) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (F) Coordinate services.</p> <p>Based on interview, policy review, and clinical record review, the agency failed to ensure the registered nurse coordinated care with other entities providing services for 3 of 3 (clinical record #1 and #6 and #7) records reviewed of patients receiving services from other entities with the potential to affect all patients with the potential to affect all patients receiving services from another entity.</p> <p>Findings</p> <p>1. The agency policy titled "Coordination of Patient services" with a review date of 8/6/12 stated, "All personnel furnishing services shall maintain a liaison to assure their efforts are coordinated effectively and support the objectives outlined in the Plan of care."</p> <p>2. Clinical record #1, start of care (SOC) 5/3/12, failed to evidence coordination of care with any other agency or service for homemaking.</p>		N0545	<p>The Director of Nursing has inserviced staff on Coordination of Services. All personal furnishing services shall maintain a liaison to assure their efforts are coordinated effectively and support the objectives outlined in the plan of care. All Homemaker services must be coordinated with and documented in chart. Skilled Nurse must coordinated care with dialysis center. The Director of Home Health Care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013	

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	<p>a. On 12/11/12 at 10:05 AM, patient #1 indicated homemaker services were provided by another agency.</p> <p>b. On 12/11/12 at 3:55 PM, the director of nursing indicated there was no medical purpose for the homemaker services.</p> <p>3. Clinical record #6 failed to evidence any communication or other information regarding another home agency providing home health aide or homemaker service.</p> <p>a. On 12/12/12 at 1:45 PM, the caregiver of patient #6 indicated receiving aide and homemaker services from another home health agency.</p> <p>b. On 12/13/12 at 11:05 AM, the director of nursing indicated patient #6 was receiving services from another agency and it was not documented.</p> <p>4. Clinical record #7, start of care 9/10/12, evidenced the patient had chronic kidney disease and a right arm arteriovenous (AV) fistula (surgical connection between the arterial and venous blood supply for hemodialysis) through which the patient received hemodialysis. There record failed to evidence the skilled nurse communicated with the dialysis facility.</p>						

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	<p>On 12/11/12 at 2:30 PM, the director of nursing indicated the patient's record did not indicate the skilled nurse had communicated with the dialysis clinic about the patient's care.</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 157592		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/13/2012	
NAME OF PROVIDER OR SUPPLIER LMR INDIANA HOME CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 7101 BROADWAY STE 1 MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
N0550	<p>410 IAC 17-14-1(a)(1)(K) Scope of Services Rule 14 Sec. 1(a) (1)(K) Except where services are limited to therapy only, for purposes of practice in the home health setting, the registered nurse shall do the following: (K) Delegate duties and tasks to licensed practical nurses and other individuals as appropriate.</p> <p>Based on home visit observation and interview, the agency failed to ensure the home health aide had written patient care instructions for 1 of 4 home visit observations of patients with home health aide services (Clinical record #5) with the potential to affect all patients with home health aide services.</p> <p>Findings</p> <p>1. On 12/12/12 at 12 PM, patient #5's home folder evidenced no written patient care instructions for the home health aide.</p> <p>2. On 12/13/12 at 10:40 AM, Employee B, the director of nursing, indicated the home folder should have a written aide care plan.</p>			N0550	<p>The Director of Nursing inserviced staff on scope of services and that all patients with a Home Health Aide shall have written patient care instructions in folder at all times and shall be updated for any changes. The Director of Home Health care services will be responsible for monitoring these corrective actions to ensure that this deficiency is corrected and will not recur.</p>		01/02/2013